

2700 INTERNAL TRANSFER REQUEST FOR S.N.

6/787514

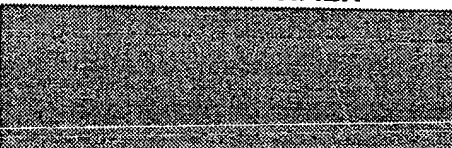
DATE: <u>5-23-01</u>	FROM: <u>BENNY Q. TIEU</u> (print name)
REASON(S):	
FORWARD TO:	<input type="checkbox"/> A. You had Parent <input checked="" type="checkbox"/> B. See Title <input type="checkbox"/> C. See Abstract <input type="checkbox"/> D. See Claim(s): <u>✓</u>
A. Art Unit: <u>2643</u>	<input type="checkbox"/>
B. Class:	<input type="checkbox"/>
C Subclass:	<input type="checkbox"/>

FURTHER EXPLANATION IF NEEDED:

Billing.

DATE: _____	FROM: _____ (print name)
REASON(S):	
FORWARD TO:	<input type="checkbox"/> A. You had Parent <input type="checkbox"/> B. See Title <input type="checkbox"/> C. See Abstract <input type="checkbox"/> D. See Claim(s): _____
A. Art Unit: _____	<input type="checkbox"/>
B. Class: _____	<input type="checkbox"/>
C Subclass: _____	<input type="checkbox"/>

FURTHER EXPLANATION IF NEEDED:

DATE: _____	FROM: _____ (print name)
REASON(S):	
FORWARD TO CLASSIFIER 	<input type="checkbox"/> A. You had Parent <input type="checkbox"/> B. See Title <input type="checkbox"/> C. See Abstract <input type="checkbox"/> D. See Claim(s): _____

FURTHER EXPLANATION IF NEEDED:

DISPOSITION BY 2700 CLASSIFICATION

DATE: _____	CLASSIFIER: _____
REASON(S):	
FORWARD TO:	<input type="checkbox"/> A. You had Parent <input type="checkbox"/> B. See Title <input type="checkbox"/> C. See Abstract <input type="checkbox"/> D. See Claim(s): _____
A. Art Unit: _____	<input type="checkbox"/>
B. Class: _____	<input type="checkbox"/>
C Subclass: _____	<input type="checkbox"/>

FURTHER EXPLANATION IF NEEDED: